ASSESSING PUBLIC COMMITMENTS TO ENSURE SUSTAINABILITY OF THE HIV RESPONSE AMONG KEY POPULATIONS IN THE TRANSITION TO NATIONAL FUNDING

Methodological Guide

2023

ehra eurasian harm reduction association

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Alliance for Public Health

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This document is a publication of the Eurasian Harm Reduction Association (EHRA). EHRA is a non-profit public organization that unites 247 organizational and individual members from the countries of Central and Eastern Europe and Central Asia (CEECA). The mission of the EHRA is to create a favorable environment in the CEECA region for the sustainable operation of harm reduction programs and the well-being of people who use drugs.

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ACRONYMS AND ABBREVIATIONS

AT	Assessment Tool
CCM	Country Coordinating Mechanism
CEECA	Central and Eastern Europe and Central Asia
CSO	Civil Society Organization
EHRA	Eurasian Harm Reduction Association
GARPR	Global AIDS Response Progress Reporting
GNI	Gross National Income
GLOBAL FUND	The Global Fund to Fight AIDS, Tuberculosis, and Malaria
HIV	Human Immunodeficiency Virus
IBBS	Integrated Bio-Behavioural Survey
IBBSS	Integrated Biological and Behavioural Surveillance Survey
ICASO	International Council of AIDS Service Organizations
M&E	Monitoring and Evaluation
MOF	Ministry of Finance
MOH	Ministry of Health
MS	Microsoft Corporation
MSM	Men Who Have Sex with Men
MTEF	Medium-Term Expenditure Framework
NRG	National Reference Group
NR	National Reviewer
NSP	National Strategic Plan
OAMT	Opioid Agonist Maintenance Therapy
OECD	Organization for Economic Co-operation and Development
OSF	Open Society Foundations
PLHIV	People Living with HIV
PR	Principal Recipient
PWID	People Who Inject Drugs
SDGS	Sustainable Development Goals
STC	Sustainability, Transition, and Co-Financing
SW	Sex Worker
TB	Tuberculosis
TRAT	Transition Readiness Assessment Tool
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

EXECUTIVE SUMMARY

The purpose of this document is to keep the communities of key populations affected by HIV aware of the actions of the governments of the CEECA countries in the transition of HIV control programs to public funding, to ensure the involvement of these communities in the monitoring of the transition, and to form a documented basis for advocacy to ensure the sustainability of the country's response to HIV. Communities of key populations affected by HIV and civil society organizations are the main recipients of the assessments of state compliance with its commitments, carried out using the present Tool.

The Global Fund's vision is that sustainability and transition to public funding are now an integral part of any project it finances. In the countries of Eastern Europe and Central Asia, the transition process is at an advanced stage. In the context of the transition, the governments of the CEECA countries have taken on respective commitments to ensure the HIV response. However, very little information is available on the extent to which their commitments are being fulfilled. The lack of such information limits the ability of the communities to identify certain gaps and advocate for decisions to address those gaps.

To strengthen community engagement in the transition process and ensure the sustainability of national HIV responses, the Assessment Tool enables data collection and analysis to measure countries' progress toward meeting their commitments.

The core components of the Assessment Tool are:

- Identification of key public commitments to ensure the sustainability of the response to HIV among key populations;
- Organization of a broad discussion of the selection process and commitments made with the involvement of community representatives and national experts;
- Development of a matrix for data collection and analysis that will allow the same assessment to be carried out repeatedly in the future;
- Assessment of the degree of implementation of commitments in relation to the programs for key populations in the context of the transition to national funding and according to the health system domains.

The Assessment Tool is aimed primarily at monitoring the implementation of officially declared and documented commitments made by the governments of CEECA countries. At the same time, the Tool allows for taking into account the opinions of community representatives and experts on the commitments that should be considered a priority for monitoring.

PREFACE

Transition is a concept that emerged in the context of the cessation of activity of the Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund) in a number of countries that previously received funding. However, with many donors winding down their operations in low- and middle-income countries, the transition is now seen as a cross-programmatic process and an integral part of the Universal Health Coverage (UHC) agenda. The Global Fund notes that "as countries transition from Global Fund support to domestically funded health systems, partners are focusing efforts so that key populations are not left behind in the progress to achieve universal health coverage."[1]

The transition in countries that stopped receiving support from the Global Fund was carried out in different ways. Many countries have ceased to provide community-based services[2,3] and have witnessed a lack or total absence of essential HIV prevention supplies because governments were unable to provide sufficient funding or had no mechanisms to allocate available funding. There could be various reasons behind these problems, ranging from a lack of resources to a lack of political will and the necessary legal framework. As Dr. Mark Dybul, the former Executive Director of the Global Fund, once said: "We can admit that in development work, including global health, there have been a lot of exits but not many successful transitions. Programmatic and financial sustainability takes time, planning and a balanced portfolio of trades and investments along the development continuum."[4]

Since late 2019, the COVID-19 pandemic has become a serious challenge for most countries. Key populations affected by HIV have faced significant challenges in accessing essential health and prevention services while becoming more socially and economically vulnerable. The deteriorating economic situation in the post-COVID-19 period has affected the availability of national funding. Military conflicts in the region and the developing humanitarian crisis caused by the Russian invasion of Ukraine could lead to long-term negative economic and social consequences, jeopardizing, among other things, the resilience of local health systems, which for many countries will complicate the further transition process.

That is why, given the huge risks of losing the results achieved in the fight against HIV infection, in the current situation, the active involvement of key population communities in the monitoring of the implementation of public commitments is crucial.

1 The Global Fund. Step up the fight: Focus on Universal Health Coverage. Geneva, Switzerland; The Global Fund to Fight AIDS, Tuberculosis, and Malaria, May 2019. P 3. –https://www.theglobalfund.org/media/5913/publication_universalhealthcoverage_focuson_en.pdf (accessed on 24 November 2020).

2 International Council of AIDS Service Organizations (ICASO) (2016). Discussion Paper. Handing Over Health: Experiences with Global Fund Transitions and Sustainability Planning in Serbia, Thailand and South Africa. Toronto, ON, Canada; International Council of AIDS Service Organizations, January 2016. – http://icaso.org/wp-content/uploads/2016/09/Handing-Over-Health-Experiences-with-Global-Fund-Transitions-Final-Draft-FINAL.pdf (accessed on 24 November 2020)

3 Open Society Foundations (OSF) (2017). Lost in Transition: Three Case Studies of Global Fund Withdrawal in South Eastern Europe. New York, NY, USA; Open Society Foundations, December 2017. –https://www.opensocietyfoundations.org/uploads/cee79e2c-cc5c-4e96-95dc-5da50ccdee96/lost-in-translation-20171208.pdf (accessed on 24 November 2020).

4 The Global Fund. 34th Board Meeting. Report of the Executive Director. Geneva, Switzerland; The Global Fund to Fight AIDS, Tuberculosis, and Malaria, November 2015. P. 4. –https://www.theglobalfund.org/media/4185/bm34_02-executivedirector_report_en.pdf (accessed on 24 November 2020).

The purpose of the Assessment Tool (AT) is to provide a framework and methodology to monitor the implementation of the commitments made by governments for the transition from Global Fund support to national funding and related to ensuring the sustainability of the HIV response among key populations.

The methodology was developed in 2020 as part of the program "Sustainability of Services for Key Populations in the EECA Region",[5] implemented by a consortium of organizations from the countries of the region under the leadership of the ICF "Alliance for Public Health" with the financial support of the Global Fund. It was finalized based on the results of the pilot project in 2021 as a part of the continuation of the program for 2022–2024.[6] The Eurasian Harm Reduction Association is a regional partner of this program.

STRUCTURE

The present methodological guide consists of three parts:

Part I. Conceptual Framework

This section defines the conceptual framework for the development of the Assessment Tool, describes the development process, and discusses the strengths and weaknesses of the proposed approach.

Part II. Implementation Guidance

This section describes the algorithm that National Reviewers should follow when conducting an assessment and documenting its process and results. This guide should be used together with the Tool in MS Excel, which is designed to document the process and to obtain comparable results in the future.

In addition to being used by national experts, the methodology aims to inform community representatives and policy and decision makers about the progress made in the transition to national funding. The methodology is proposed to be applied regularly, annually or biannually. The first assessment round will require a significant resource investment, as it calls for the collection of a wide range of data and analysis of national decision-making processes in order to select priorities. Subsequent assessments will be less costly, as they focus more on updating the initial assessment data.

Part III. Tools and Additional Guidance

This section contains the tools and additional recommendations, including examples, that help to use the methodology effectively.

5 Sustainability of Services for Key Populations in EECA region (#SoS_project). Kiev: Alliance for Public Health. – http://aph.org.ua/uk/nasha-robota/region-syetsa/ustojchivost-servisov/ (accessed on 30 November 2020).
6 Sustainability of Services for Key Populations in EECA region (#SoS_project 2.0). Kiev: Alliance for Public Health. – https://sos.aph.org.ua/about/ (accessed on 12 December 2022).

PART I. CONCEPTUAL FRAMEWORK

TRANSITION CONTEXT

It is expected that as countries develop economically, the amount of external assistance allocated to these countries will decrease, especially to the health sector. This process can now be observed in many low- and middle-income countries. The World Health Organization (WHO) uses the term "**transition to more public spending**",[7] which implies an increase in the amount of funding and the share of related resources allocated from the public budget to healthcare, including programs to combat HIV.

The Global Fund's approach to the transition to national funding is guided by two documents: (i) Eligibility Policy; (ii) Sustainability, Transition, and Co-Financing Policy[8].

The Eligibility Policy was revised in 2018.[9,10] It defines two main criteria for countries to qualify for grants: an estimate of gross national income (GNI) per capita using the World Bank Atlas method11 and the indicator of the burden of disease. Under this classification, all low- and lower-middle-income countries are eligible for funding, regardless of the burden of disease (unless the country has malaria-free country status), while countries with malaria-free status with above-average income are only eligible for support if the country has a high burden of disease.

The classification by burden of disease is important in determining the eligibility of upper-middle-income countries for support. The burden of disease is considered high if (i) its prevalence in the general population is ≥ 1% or (ii) its prevalence in key populations is ≥ 5%.

The country funding qualification policy sets out the key principles for transitioning from Global Fund support to national funding:

- **Countries that become ineligible** during the 3-year funding cycle are eligible to receive their funding in the current cycle and may receive it for another cycle. This is the so-called transitional grant. Countries that have transitioned to high-income countries are not eligible for transitional grants.
- **Terms and amounts of transitional grants** are determined by the Global Fund Secretariat.

7 World Health Organization (2019). Global spending on health: a world in transition. Geneva, Switzerland; World Health Organization (WHO/HIS/HGF/HFWorkingPaper/19.4). –https://apps.who.int/iris/bitstream/handle/10665/330357/WHO-HIS-HGF-HF-WorkingPaper-19.4-eng.pdf (accessed on 24 November 2020).

8 The Global Fund (2018). 39th Board Meeting: Revised Eligibility Policy. Skopje, North Macedonia; The Global Fund to Fight AIDS, Tuberculosis, and Malaria, 9-10 May 2018. –https://www.theglobalfund.org/media/7409/bm39_02-eligibility_policy_en.pdf (accessed on 24 November 2020)

9 Ibid.

10 The Global Fund (2016). 35th Board Meeting: The Global Fund Sustainability, Transition and Co-financing Policy. Abidjan, Côte d'Ivoire; The Global Fund to Fight AIDS, Tuberculosis, and Malaria, 26-27 April 2016. – https://www.theglobalfund.org/media/4221/bm35_04-sustainabilitytransitionandcofinancing_policy_en.pdf (accessed on 24 November 2020

11 The World Bank Group. GNI per capita, Atlas method (current US$). Washington, DC, USA; The World Bank Group. – https://data.worldbank.org/indicator/NY.GNP.PCAP.CD (accessed on 30 November 2020).

The Global Fund Sustainability, Transition, and Co-Financing Policy was adopted in 2016.12 In 2020, a Guidance Note was published with additional clarifications on transition planning.13 The main message of this policy is that all countries, **regardless of their economic potential and disease burden, should plan for sustainability, include relevant issues in national strategies, and take these into account while planning and implementing the programs and grants.**[14]

The Global Fund's efforts to assist countries in planning for **sustainability, transition, and co-financing** are based on seven key pillars:

1. Supporting countries in developing effective national health strategies, health financing, and national disease control strategic plans;
2. Encouraging the allocation of additional national investments and the requirement for the allocation of state co-financing in the amount of at least 15% of the amount of each grant;
3. Intensifying efforts to prepare for the transition, especially for high-income and middle-income countries with a low burden of disease;
4. Paying increased attention to key populations and structural barriers in healthcare;
5. Working with partners to advocate for programmatic and financial changes;
6. Strengthening coordination between the Global Fund grants and the national systems;
7. Supporting countries in identifying effective approaches and optimizing measures to control diseases.

In addition to that, the Global Fund supports the national process of planning toward transition and sustainability. A few countries have developed transition and sustainability plans, although the process has not been formalized in terms of what should be included and how such plans should be developed.

DEFINITION OF KEY CONCEPTS

The Global Fund defines **transition** as "the mechanism by which a country, or a country disease component, moves towards fully funding and implementing its health programs independently of Global Fund support, while continuing to sustain the gains made and scaling up programs as appropriate,"[15] and considers this process in two dimensions: **(1) sustaining the existing level of effort; (2) scaling-up in accordance with the needs of the program. This means that more and more resources need to be invested and that an increasing proportion of these resources must come from domestic sources**.[16]

The Global Fund's approach to **sustainability** can be summarized as follows: "Long-term sustainability is a fundamental aspect of development and global health financing. **It is essential that countries**

12 The Global Fund (2016). 35th Board Meeting: The Global Fund Sustainability, Transition and Co-financing Policy. Abidjan, Côte d'Ivoire; The Global Fund to Fight AIDS, Tuberculosis, and Malaria, 26-27 April 2016. – https://www.theglobalfund.org/media/4221/bm35_04-sustainabilitytransitionandcofinancing_policy_en.pdf (accessed on 24 November 2020).

13 The Global Fund (2020). Guidance Note: Sustainability, Transition and Co-financing. Geneva, Switzerland; The Global Fund to Fight AIDS, Tuberculosis, and Malaria, 15 May 2020. https://www.theglobalfund.org/media/5648/core_sustainabilityandtransition_guidancenote_en.pdf (accessed on 24 November 2020).

14 Varentsov I. Transition of the countries of the EECA region from the support of the Global Fund to national funding. / Review. – Vilnius, Lithuania: Eurasian Harm Reduction Association, April 23, 2018; https://harmreductioneurasia.org/ru/status-of-transitions-from-global-fund-support-in-the-eeca-region/ (accessed on 24 November 2020)

15 Office of the Inspector General (2018). Audit Report: Global Fund Transition Management Processes. Geneva, Switzerland; The Global Fund to Fight AIDS, Tuberculosis, and Malaria, 3 September 2018. P. 4. –https://www.theglobalfund.org/media/7634/oig_gf-oig-18-017_report_en.pdf (accessed on 24 November 2020).

16 The Global Fund Sustainability, Transition and Co-financing Policy, Op. cit.

are able to scale up and sustain programs to achieve lasting impact in the fight against the three diseases and to move towards eventual achievement of Universal Health Coverage. Countries that have experienced economic growth over the last decade are able to move progressively from external-donor financing for health toward domestically funded systems that deliver results but must be supported to do so."[17]

Thus, it can be assumed that **while sustainability is the ultimate goal of the transition, which determines the effectiveness (impact) of programs, the transition itself is a process that should lead to ensuring the implementation of these programs through the allocation of domestic funding.**[18]

FRAMING OF THIS METHODOLOGY

Despite the importance of the transition process, it is not properly monitored and evaluated: on the one hand, countries do not have well-established monitoring systems, and on the other hand, current grant programs do not provide sufficient measures to track the process.[19] Therefore, the development of this document was primarily aimed at **enhancing the capacity of civil society organizations (CSOs) and communities to monitor the transition process** by tracking the extent to which governments are meeting their commitments to ensure the sustainability of priority HIV response programs.

The logical structure of this methodology is based on the following model:

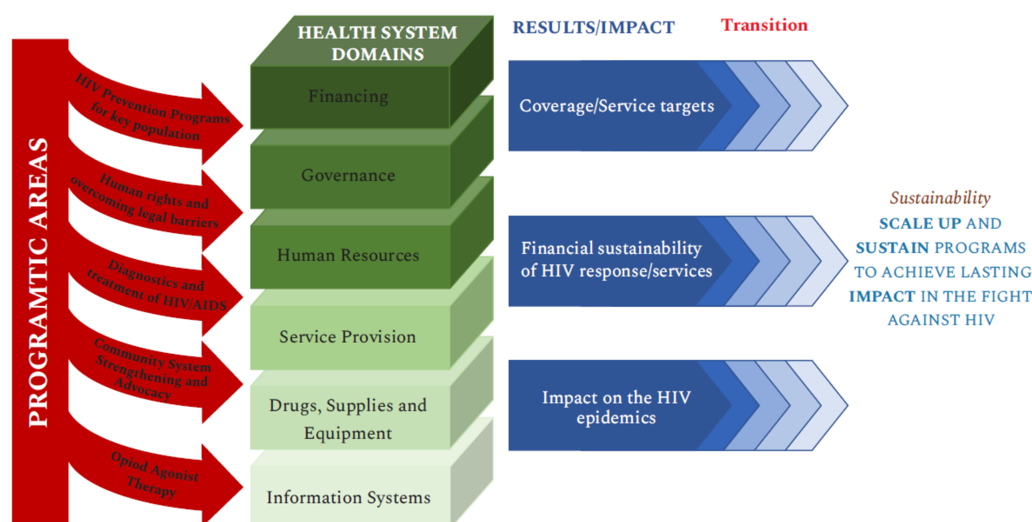
1. Transition is a country-driven process, and accordingly, **transition planning should be reflected in national documents**: in the transition plan itself, in government programs, national strategies, budget laws, etc. These documents contain commitments for action and desired changes for which the state assumes responsibility.
2. Key populations have a direct interest in the successful transition of national HIV programs to public funding. However, there are certain **programmatic areas** that best meet the needs of key groups. These include HIV prevention programs, which can take many forms but essentially involve providing people that are most vulnerable to HIV infection with testing, counseling, prevention materials, and social support through community-led organizations.
3. To varying degrees, **the transition process must address the challenges that arise in all domains of the national health system**, especially in the area of healthcare financing, and it must ensure the sustainability of the HIV response. Traditionally, the following **health system domains** are considered to reflect all elements of a given system: governance and policy, financing, service delivery, human resources, drugs and supplies, and data and information systems.
4. The impact of the transition process is reflected in the sustainability of the HIV response programs. Based on the Global Fund definition, this model proposes to assess sustainability based on the progress in the following areas:

17 The Global Fund Sustainability, Transition and Co-financing Policy, Op. cit.
18 The Global Fund Sustainability, Transition and Co-financing Policy, Op. cit
19 Office of the Inspector General (2018). Audit Report: Global Fund Transition Management Processes. Geneva, Switzerland; TheGlobal Fund to Fight AIDS, Tuberculosis, and Malaria, 3 September 2018. P. 4. –https://www.theglobalfund.org/media/7634/oig_gf-oig-18-017_report_en.pdf (accessed on 24 November 2020).

- Improved service coverage;
- Financial sustainability – adequate replacement of donor resources with government funding;
- Impact on the epidemic, as seen in key epidemiological indicators and UNAIDS 95–95–95 indicators.

This model is described in Figure 1.

Figure 1. Analytical scheme



DEVELOPMENT OF THIS METHODOLOGY

The framework and methodology were developed based on a desk study of available materials on transition and sustainability of the programs supported by the Global Fund: national transition plans, national strategic plans and programming documents of the relevant countries, the Global Fund transition policy/approach, and interviews with stakeholders to test the correctness of some of the assumptions. This methodology was tested in 2021 in nine CEECA countries: Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, North Macedonia, Serbia, Tajikistan, and Montenegro – and finalized taking into account the results obtained.[20]

This Tool consists of two documents:

1. **A Methodological Guide** with several Annexes that provide additional tools and examples;
2. **A Tool in MS Excel** that allows the systematization of national commitments in the format of the Commitment Matrix and the analysis of their implementation.

20 Country reports with the results of the assessment: https://eecaplatform.org/ru-tmt-results/.

LIMITATIONS AND CHALLENGES

The assessment of the transition has some obvious limitations, and the methodology also has certain challenges:

- Countries do not have a standard set of procedures/documents defining the transition process and containing corresponding commitments on the part of governments;
- Due to the lack of a unified set of commitments for all countries to ensure the sustainability of the response to HIV, the comparison of countries in this context is not justified;
- In a number of countries, key documents are already outdated, and there is no clear guidance on how to proceed to ensure the sustainability of programs and the transition to national funding;
- Some documents (strategic and transition plans) have been developed but were not approved by the government, which raises the question of whether the government perceives these documents as some guidance in the decision-making process;
- It is technically impossible to track the fulfillment of all commitments, so for monitoring, it is necessary to limit those to a certain list. As a result, the choice of monitoring commitments is to some extent dependent on the point of view of the National Reviewer, as well as a team of national experts helping this specialist to choose, from their point of view, the most important/informative commitments, and each assessment – to some degree – turns out to be arbitrary;
- Data quality: available data may be of questionable quality, and mechanisms that are provided within Global Fund programs do not ensure comprehensive monitoring of the transition process.

SECTION II. IMPLEMENTATION GUIDANCE

Transition processes to public funding are taking place in all countries of Central and Eastern Europe and Central Asia where Global Fund grants are being implemented, as preparation for the transition is now considered by the Global Fund to be a key component of the programs it supports.

This guide provides recommendations on how to assess the sustainability status of the major HIV programs for key populations through the lens of how each country is implementing its commitments in the context of the transition.

PROCESS

The assessment process of how the counties implement their commitments to ensure the sustainability of HIV programs for key populations in the transition to national funding consists of **five main steps.**

STEP #	DESCRIPTION
STEP 1.A	**Identification of data sources:** identification and collection of national legislative and other regulatory and policy documents that reflect/mention the transition to national funding and sustainability of HIV programs for key populations and which can be used to identify commitments undertaken by the state. For more details, see Methodological Guidelines, Part 2 Implementation Guidance, Step 1. Standard information (estimated population size, currency exchange rate, etc.) should be entered in the spreadsheet “Additional Data” in the MS Excel Tool.
STEP 1.B	**Formation of the National Reference Group** (hereinafter referred to as NRG): identifying potential participants, informing participants about the goals and objectives of the study, the tasks of the National Reviewer and the Reference Group during the study; obtaining and, if possible, documenting the consents from the members of the Reference Group (for example, a protocol in a free form of the first general meeting). It is desirable to include in the NRG experts who have already participated in the previous round of the assessment or have previously demonstrated an active interest in the study; NRG members can also be CCM members from different sectors. Considering the purpose of the assessment, it is very important to include representatives of the key populations in the NWG on an equal basis with representatives of other health sectors. For more details, see Methodological Guide, Part 2 Implementation Guidance, Team.
STEP 2.A	**Identifying commitments:** The Commitment Documents selected for analysis contain the country’s/its government’s commitments concerning the programs aimed at controlling the spread of HIV in key populations. Usually, national commitments use the words “improve”, “increase”, “raise”, “ensure”, etc. For more details, see Methodological Guide, Part 2 Implementation Guidance, Step 2, and Annexes 1 and 4.
STEP 2.B	**Grouping commitments by the programmatic areas and health system domains** – for more details, see Methodological Guide, Part 2 Implementation Guidance, Step 2, and Annexes 2 and 3.
STEP 2.C	**Filling the gaps:** if, from the point of view of the National Reviewer and the Reference Group, there are significant gaps in the commitments undertaken by the state in any programmatic area, the Specialist can formulate those by himself and add, along with justification, to the list of commitments for further discussion with the Reference Group during Step 3.

STEP 3.A	**Prioritization:** highlighting from a general list of selected commitments those that the Reference Group believes are important for achieving the sustainability of the programs targeting key populations and should be further analyzed in terms of their progress. It is recommended to use the same wording of commitments that was included in the previous assessment. When introducing new commitments that were not previously assessed, try to use the wording from the existing official documents. If you decide to change the wording of the commitments, make the adjustments on the Commitment Matrix page. When reanalyzing commitments previously selected for analysis, new time frames or targets should be specified, if applicable. For more details, see Methodological Guide, Part 2 Implementation Guidance, Step 3.
STEP 3.B	**Approval by the Reference Group** (by consensus, unanimity, or simple majority) **of the final list of commitments to be further analyzed:** in addition to commitments officially assumed by the state, the final list may include commitments not accepted by the state but which are important, in the opinion of the Reference Group, in order to assess the sustainability of programs aimed at key populations in the transition to national funding. It may also include current commitments for which, due to the lack of indicators and/or targets corresponding to them in official documents, these elements were proposed by the National Expert. The purpose of including the assessment commitments that are not included in official documents is to draw attention to the identified gaps of key groups, government, international donors, and technical agencies. Analysis of the progress on the commitments that are not included in the official documents or on the included commitments that lack indicators and/or targets is not provided by the Tool but should be reflected in the final report. For more details, see Methodological Guide, Part 2 Implementation Guidance, Step 3.
STEP 4	**Data collection and analysis of the results:** entering and analyzing data on the fulfillment of commitments in the table. For more details, see Methodological Guide, Part 2 Implementation Guidance, Step 4.
STEP 5	**Summarizing the obtained results:** communication of the results through the preparation of a national report and visual materials for better presentation and easier perception. For more details, see Methodological Guide, Part 2 Implementation Guidance, Step 5.

Time frame of the assessment

It is proposed to have the year 2016 as the baseline for the initial assessment, as in 2016, the Global Fund formally adopted the Sustainability, Transition, and Co-Financing Policy. In exceptional cases, commitments made by the states before 2016 (if they had a significant impact on the transition process after 2016) can also be included.

Therefore, the Tool in MS Excel has 2016 as its starting point. However, this tool can be applied to any time period chosen by the National Reviewer and the Reference Group.

The proposed methodology is expected to be applied on a regular basis, if possible, annually or biannually. When determining the timing of the assessment, the following should be taken into account:

- The potential implications of its results for the preparation of funding requests to the Global Fund to develop or update national HIV policy, regulatory and policy documents, and for Global AIDS Response Progress Reporting (GARPR) to UNAIDS;
- The duration and complexity of the process of collecting and analyzing data and preparing a report (up to six months).

TEAM

The country assessment is coordinated and implemented by a local expert, hereinafter referred to as the **National Reviewer (NR).** Such a specialist should have experience in the field of HIV policy at the country level, a clear understanding of national health processes, and knowledge of the main

actors and structures in the field of HIV infection, as well as the principles of functioning of national systems. Such a specialist should also have a good knowledge of the activities of key communities and, preferably, have experience working in HIV community-based organizations. The absence of a significant conflict of interest for the NSA is an important factor in ensuring that the assessment is objective and unbiased. In the context of this assessment, there may be a significant conflict of interest among the leaders/employees of the organizations that are the Principal Recipients of the Global Fund grants and state agencies responsible for the implementation and sustainability of HIV programs (Ministry of Health, National Center for AIDS Control and Prevention, etc.).

The National Reviewer sets up the National Reference Group from local experts representing relevant health sectors and key populations. **The National Reference Group** (NRG) aims to ensure the transparency of the assessment process (by agreeing on the choice of commitments and the approach to their assessment) and the recognition of assessment results by a wide range of stakeholders in the national HIV response. Key population communities or organizations representing those should make up at least half of the participants in the NRG.

STEP 1. IDENTIFICATION OF DATA SOURCES AND FORMATION OF THE NATIONAL REFERENCE GROUP

A. The purpose of the present step is **to identify the documents containing commitments and plans for their implementation, including monitoring and evaluation indicators (a set of indicators), as well as budgets for their implementation.**

STEP №	DESCRIPTION	ACTION	LOCATION
STEP 1.A	**Identification of data sources:** identification and collection of national legislative and other regulatory and policy documents that reflect/mention the transition to national funding and sustainability of HIV programs for key populations and which can be used to identify commitments undertaken by the state. For more details, see Methodological Guide, Part 2 Implementation Guidance, Step 1. Standard information (estimated population size, currency exchange rate, etc.) should be entered in the spreadsheet "Additional Data".	Go to the spreadsheet "Documents containing commitments" and list the documents in the table; you also need to enter basic information to describe the document. For convenience, you can save all the listed documents in a separate folder.	DOCUMENTS CONTAINING COMMITMENTS

Usually, the documents containing commitments include the following:

1. **Transition and Sustainability plans.** Some countries have **Transition and Sustainability Plans** that provide guidance on how to launch the monitoring of the transition process. These documents are accompanied by action plans, monitoring and evaluation (M&E) plans, and

budgets. In some countries, such plans have not been formally approved, and the question may arise whether they really reflect national commitments. However, they need to be included in the preliminary analysis, and the Reference Group will afterward decide whether to include them in the assessment process. Some key components of the transition process may not be adequately reflected in most transition plans. This applies, for example, to the amount of funds planned and actually allocated to support the HIV response by national authorities (or even donors). Since the budget replacement is one of the key components of the transition process, it is also important to include information on **budget funds for goods and services stipulated in the national or regional programs.**

2. **National program to combat the spread of HIV.** The term "National Program" can be misleading. In countries that use a program-based budgeting model to manage public finances, the term refers to a set of activities backed by the public budget in line with national strategic goals. In this case, the "program" is a tool for the implementation of the public budget. The Organization for Economic Co-operation and Development (OECD) refers to this type of public financial management model as "second generation" reform.[21] These countries have medium-term expenditure frameworks, performance-oriented programs, and budgets (for example, Georgia has a medium-term expenditure framework (MTEF) for four years, and Belarus and Ukraine have it for two years; similar frameworks also exist in Kazakhstan, Kyrgyzstan, and Moldova). However, not all countries have switched to the program budget model, or the corresponding reform has not covered all areas of the public budget. In this case, the term "program" means a document that defines the objectives, as well as the activities necessary to achieve the objectives, and that is often accompanied by a budget, although such a budget is not tied to the execution of the public budget.
3. **The National Strategic Plan (NSP)** is another key commitment document that provides important information about the transition process. It contains decisions on priorities, key areas of action, and targets for the national HIV response. The Global Fund's Sustainability, Transition, and Co-Financing Policy states that any recipient country must plan for the transition to public funding, and therefore, in the context of such a transition, the NSP must meet the needs of the country
4. **Communication with the Global Fund and other donors can also be an important source of information:** allocation letters and other similar documents will help determine the government's commitments or the details of such commitments. These documents can generally be obtained from the Country Coordinating Mechanism (CCM) and its Secretariat.

In the process of identifying data sources, attention should be paid not only to the documents of the Ministry of Health (MoH) but also to the documents of other ministries and departments – for example, the Ministry of Justice, the Ministry of Internal Affairs (the penitentiary system), and others.

In fact, this stage is designed to ensure the collection of documents for desk research. However, the National Reviewer may also conduct a series of interviews to ensure that all key documents are identified. Interviews can be conducted with the representatives of the Principal Recipient (PR) of Global Fund grants in the country, representatives of the MoH, community leaders such as CCM members, etc.

21 OECD (2020). Greening Public Budgets in Eastern Europe, Caucasus and Central Asia. Paris, France; OECD Publishing, 16 August 2011. – http://dx.doi.org/10.1787/9789264118331-en, and also http://www.cawater-info.net/green-growth/files/oecd6.pdf (accessed on 30 November 2020).

B. Formation of the National Reference Group

STEP №	DESCRIPTION	ACTION	LOCATION
STEP 1.B	**Formation of the National Reference Group** (hereinafter referred to as NRG): identifying potential participants, informing participants about the goals and objectives of the study and the tasks of the National Reviewer and the Reference Group during the study, obtaining and, if possible, documenting the consents from the members of the Reference Group (for example, a protocol in a free form of the first general meeting). It is desirable to include in the NRG experts who have already participated in the previous round of the assessment or have previously demonstrated an active interest in the study; NRG members can also be CCM members from different sectors. Considering the purpose of the assessment, it is very important to include representatives of the key populations in the NWG on an equal basis with representatives of other health sectors. For more details, see Methodological Guide, Part 2 Implementation Guidance, Team.	List the names, positions, places of work, and contact information of the members of the National Reference Group and indicate which health sector (or CCM sector) they represent.	REFERENCE GROUP

The National Reference Group (NRG) is formed by the National Reviewer. It should include local experts representing relevant public health institutions, civil society organizations (CSOs), and main communities of key populations. The number of participants representing the communities of key populations should be at least 50% of the total number of participants in the NRG. In forming the NRG, the specialist may rely on the structure and membership of the CCM, consulting, if necessary, with the CCM or its Secretariat.

The National Reference Group is created in order to:

- Ensure the transparency of the assessment process by reaching an agreed choice of commitments and approach to the assessment;
- Provide broader expertise in assessing the fulfillment of public commitments;
- Promote the dissemination of the results of the assessment among a wide audience of interested parties;
- Promote the significance and recognition of the results of the assessment by key population communities, CSOs, relevant government organizations, and healthcare institutions, including those responsible for ensuring the transition to national funding of HIV programs among key populations.

The size and composition of the **National Reference Group** may vary depending on the country specifics. Such a group should be representative. It is expected that it will include at least one delegate from each key population group, representatives of civil society organizations working in the field of HIV, activists, providers of HIV prevention and treatment services, representatives of international and regional organizations (local or working at the regional level), and policy makers on the HIV response.

Members of the National Reference Group can be identified in a variety of ways, such as:

- The National Reviewer is well acquainted with representatives of local stakeholders; he or she maps key experts and invites them to participate in the evaluation process, or
- The National Reviewer announces the recruitment of members to the National Reference Group through the relevant local information platforms on the topic.

At least 50% of team members must be directly connected to the key communities and community-based organizations.

Membership in the National Reference Group is an unpaid voluntary activity, and members of the group must be clearly informed about this.

The work of the group can be organized remotely or in a mixed format, including both remote communication and face-to-face meetings.

STEP 2. IDENTIFICATION AND GROUPING COMMITMENTS BY HEALTH SYSTEM DOMAINS IN EACH PROGRAMMATIC AREA

<table>
<tr><th>STEP №</th><th>DESCRIPTION</th><th>ACTION</th><th>LOCATION</th></tr>
<tr><td>STEP 2.A</td><td>Identifying commitments: The Commitment Documents selected for analysis contain the country's/its government's commitments concerning the programs aimed at controlling the spread of HIV in key populations. Usually, national commitments use the words "improve", "increase", "raise", "ensure", etc.

For more details, see Methodological Guide, Part 2 Implementation Guidance, Step 2, and Annexes 1 and 4.</td><td>Identify the commitments in the documents selected for analysis and enter them into a table in the spreadsheet "Commitment Matrix". Upon completion of this step, column C must be completed.</td><td rowspan="3">COMMITMENT MATRIX</td></tr>
<tr><td>STEP 2.B</td><td>Grouping commitments by the programmatic areas and health system domains – for more details, see Methodological Guide, Part 2 Implementation Guidance, Step 2, and Annexes 2 and 3.</td><td rowspan="2">Sort the commitments by programmatic area, also noting which health system domain they relate to (health system domains should be selected from the drop-down menu in the corresponding column). You can read more about the health system domains in the "Grouping Commitments by the Programmatic Areas and Health System Domains" section of the Guide. For each commitment, enter the corresponding indicator identified in the documents. If the existing, approved commitment lacks an indicator and/or targets, then the National Reviewer may independently propose the wording of the indicator for further discussion with and approval by the Reference Group. Upon completion of this step, you will have completed columns C, D, and E in the spreadsheet "Commitment Matrix".</td></tr>
<tr><td>STEP 2.C</td><td>Filling the gaps: if, from the point of view of the National Reviewer and the Reference Group, there are significant gaps in the commitments undertaken by the state in any programmatic area, the Specialist can formulate those and add, along with justification, to the list of commitments for further discussion with the Reference Group during Step 3.</td></tr>
</table>

A. Identifying the commitments made by the state in the context of ensuring the transition to national funding and the sustainability of HIV programs for key populations

Once the *key commitment documents* have been identified, they need to be analyzed to identify the commitments made by the government in the context of ensuring the transition to national funding and the sustainability of the national HIV response. Ideally, such commitments should be backed by specific indicators and targets. This is not an easy task because the format of documents does not always facilitate its implementation. Bringing together disparate segments may require applying a

critical approach from the National Reviewer. Appendix 4 provides additional details and examples to assist in this task.

It is important to **include all commitments** identified in relation to the programmatic areas considered in the analysis. You can also include **the commitments made by states prior to 2016** if they play an important role in the transition process, as well as **commitments that are not being implemented yet at the time of the assessment,** which will help to track their implementation later. However, it is not necessary to analyze the fulfillment of the latter.

What is public commitment? **Public commitment is a promise to take certain actions to change the current situation, supported by an indicator that characterizes the desired change and its target value (target).**

B. Grouping commitments by the programmatic areas and health system domains

Having identified the public commitments in the documents, the National Reviewer categorizes them into six groups: impact commitments and five programmatic areas predefined by this methodology, depending on the country context and specifics of the national HIV response (for example, HIV prevention among people who inject drugs (PWID), HIV prevention in prisons, HIV treatment, strengthening community systems, etc.). Then, the specialist categorizes those by the health system domains within each programmatic area. See Annex 1 for more details on programmatic areas and impact commitments and Annex 2 for health system domains.

Grouping commitments should be based on Annex 1 with a list of programmatic areas that are most relevant to national HIV programs in the countries of Central and Eastern Europe and Central Asia. Where prevention commitments are identified that apply equally to more than one key group or are difficult to reasonably assign to one key group, the National Reviewer should assign them to only one key group based on their own judgment and expertise or, if necessary, after consultation with the members of the NRG.

In addition, commitments that are related to the impact of the epidemic should be entered in the appropriate section of the Tool in MS Excel.

In total, there are six health system domains: financing, governance, service delivery, drugs and supplies, human resources, and data and information systems.

When grouping commitments into health system domains, Annexes 2 and 3 should be followed for descriptions of the domains.

The indicators proposed to measure the achievement of a given commitment should be classified according to the definitions below in order to assess the overall progress.

INDICATOR CATEGORY	DEFINITION	EXAMPLE
CUMULATIVE	The indicators show a cumulative total in such a way that each indicator reported includes an earlier indicator, taking into account the progress made since the previous report was submitted.	Open “X” community centers; train “Y” outreach workers.
LEVEL	The indicators reflect current tendencies and may fluctuate in one direction or another depending on the results of work.	“%” of PWID covered by the minimum package of services.
DATE	These indicators use calendar dates as targets and actual values instead of numbers.	Adoption of new legislation in 2018.

Adapted from Millennium Challenge Corporation materials. Compact Implementation Guidance: Guidance on the Indicator Tracking Table. Washington, DC, USA; Millennium Challenge Corporation, 20 October 2020. – https://www.mcc.gov/resources/doc/guidance-on-the-indicator-tracking-table (accessed on 24 November 2020).

C. Filling in the gaps (in exceptional cases)

As mentioned above, sometimes commitments may be vague (for example, “improve quality of life…”) or may be missing some data. Most often, indicators and targets are missing.

The National Reviewer may consider adding specific indicators for commitments where the required information is missing and agreeing about the proposed changes with the Reference Group. It is recommended to do this simultaneously with prioritization. Compliance with such commitments is not assessed in the tool in MS Excel, but they can become an element of the final analytical report, demonstrating the existing gaps in the public commitments.

In addition, the Specialist may independently identify conditions that are important for the sustainability of key population programs that the government has not formulated or committed to (for example, increased government funding for key population services provided by CSOs). The Specialist proposes his wording of this commitment and the corresponding indicator and submits them for discussion with the National Reference Group during Step 3: “Prioritization”. When the proposal of the National Specialist is approved by the Reference Group, such a commitment remains in the general list of commitments (Commitment Matrix); however, the assessment of its implementation is not carried out in the tool in MS Excel. Such commitments should be reflected in the final analytical report, as they demonstrate that there are significant gaps in the public commitments needed to ensure the sustainability of the HIV response among key populations from the point of view of the National Reference Group.

It is important to remember that the approaches to filling the gaps outlined above are exceptions and should be used with caution by the National Reviewer and the Reference Group, as the purpose of the assessment is to analyze the commitments made by the State.

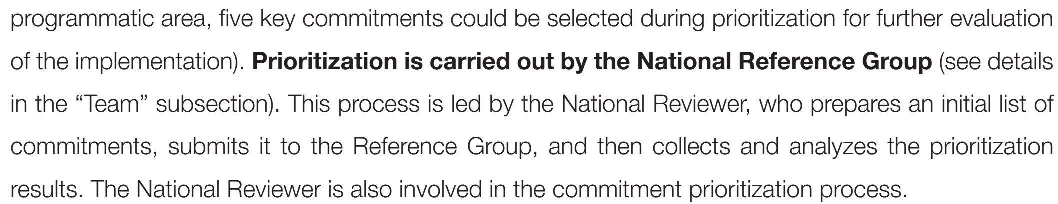
STEP 3. PRIORITIZATION

<table>
<tr><th>STEP №</th><th>DESCRIPTION</th><th>ACTION</th><th>LOCATION</th></tr>
<tr><td>STEP 3.A</td><td>Prioritization: highlighting from a general list of selected commitments those that the Reference Group believes are important for achieving the sustainability of the programs targeting key populations and should be further analyzed in terms of their progress. It is recommended to use the same wording of commitments that was included in the previous assessment. When introducing new commitments that were not previously assessed, try to use the wording from the existing official documents. If you decide to change the wording of the commitments, make the adjustments on the “Commitment Matrix” page. When reanalyzing commitments previously selected for analysis, new time frames or targets should be specified, if applicable. For more details, see Methodological Guide, Part 2 Implementation Guidance, Step 3.</td><td rowspan="2">The National Reviewer can arrange the approval by the Reference Group of a priority list of commitments for further analysis either by (1) filling out a questionnaire by each member of the NRG and then consolidating the results into a single document and prioritizing each commitment by the number of points scored or through (2) a group discussion with the entire Reference Group and agreed scoring for each commitment. On the scoring scale, commitments with the highest priority receive 4 points, and those with the lowest priority receive 1 point. Commitments that have received a score of 4 are to be selected for analysis. For positions rated from 1 to 3 in the individual questionnaires of NRG members (prioritization method 1), the average score is calculated. As a result, positions with an average score above 2 are selected for analysis.

At the end of this step, you must first complete column G on the spreadsheet “Prioritization” (the sum of the scores for each commitment), and then, based on the scores in the cells in column G, you use the drop-down menu in column B to indicate whether each of the listed commitments is selected as a priority for evaluation (Yes/No/Gap). A “Gap” is chosen for the commitments that are not in the official documents but which the NRG considered important to ensure the sustainability of the programs for the key populations in the transition to national funding. In the same way, the existing commitments that are important from the point of view of the NRG and for which there are no indicators and targets necessary for analysis should be marked.

The information in columns C, D, E, and F is automatically transferred from the corresponding cells on the spreadsheet “Commitment Matrix”.</td><td rowspan="2">PRIORITIZATION</td></tr>
<tr><td>STEP 3.B</td><td>Approval by the Reference Group (by consensus, unanimity, or simple majority) of the final list of commitments to be further analyzed: in addition to commitments officially assumed by the state, the final list may include commitments not accepted by the state but which are important, in the opinion of the Reference Group, in order to assess the sustainability of programs aimed at key populations in the transition to national funding. It may also include current commitments for which, due to the lack of indicators and/or targets corresponding to them in official documents, these elements were proposed by the National Expert. The purpose of including in the assessment commitments that are not included in official documents is to draw attention to the identified gaps of key groups, government, international donors, and technical agencies. Analysis of the progress on the commitments that are not included in the official documents or on the included commitments that lack indicators and/or targets is not provided by the Tool but should be reflected in the final report. For more details, see Methodological Guide, Part 2 Implementation Guidance, Step 3.</td></tr>
</table>

Prioritization involves the identification and selection of commitments to be assessed. Since data collection is a very complex process, it is recommended that only pre-selected commitments be assessed (for example, if 20 commitments were identified during the preliminary analysis for each



programmatic area, five key commitments could be selected during prioritization for further evaluation of the implementation). **Prioritization is carried out by the National Reference Group** (see details in the “Team” subsection). This process is led by the National Reviewer, who prepares an initial list of commitments, submits it to the Reference Group, and then collects and analyzes the prioritization results. The National Reviewer is also involved in the commitment prioritization process.

The commitments selected as priorities must meet the SMART criteria; that is, they must be:

- Specific, sensible, and significant;
- Measurable, that is, having specific indicators and targets;
- Achievable and attainable, which means they should not be declarative;
- Relevant, reasonable, realistic, and resourced;
- Time bound, time based, and time limited.

In addition to the SMART criteria, in the process of commitment prioritizing, the National Reference Group should consider the characteristics of the national HIV response and take into account:

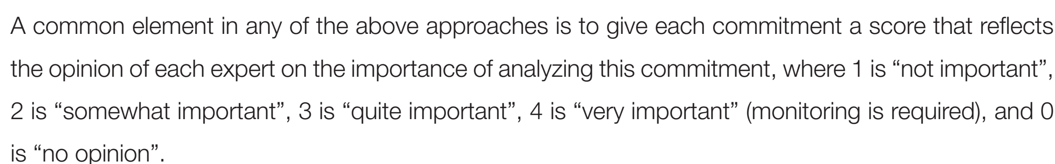
A. Whether the commitment is directly related to programs for key populations and their sustainability (for example, if HIV prevalence is predominant among PWID, MSM, and SWs, you should not include in the assessment priorities the commitments that are related to the prevention of mother-to-child transmission of HIV or information and prevention work among the general population, youth, and workforce, as well as social support programs for low-income citizens that are not aimed at key groups in relation to HIV);
B. Whether there is a public intention of the state and/or a demand from an external donor (Global Fund, PEPFAR, etc.) to transfer any program for key populations to national funding or whether there is a public intention of the state to provide legal and institutional grounds for sustainable implementation of any program for key populations (regardless of the source of funding).

The commitments that do not meet these two criteria and the SMART criteria should not be selected as priorities for analysis.

At the same time, as mentioned above, in the description of Step 2, when forming a complete list of commitments, the National Reviewer may identify commitments that do not have specific indicators and targets, which he or she, having independently filled in the gaps, deems necessary to submit to the National Reference Group for approval in the prioritization process. If the Reference Group agrees with the proposals of the National Reviewer, then such commitments with gaps should be reflected in the final analytical report. Entering data on their implementation in the MS Excel Tool is not required.

The National Reviewer can use various approaches to organize the commitment prioritization process, for example:

- A general meeting of members of the National Reference Group in order to prioritize commitments;
- Interviews with each member of the National Reference Group to determine priority commitments;
- Online survey among members of the Reference Group using free Google Forms (highly recommended).



A common element in any of the above approaches is to give each commitment a score that reflects the opinion of each expert on the importance of analyzing this commitment, where 1 is “not important”, 2 is “somewhat important”, 3 is “quite important”, 4 is “very important” (monitoring is required), and 0 is “no opinion”.

The assessment report should indicate which approach was used. The choice of prioritization method depends on the national context and available options.

Consultation with the Reference Group is also required to approve the proposed wording in case the National Reviewer has added information to fill gaps (see Step 3.C). The members of the Reference Group may accept such wording, reject it, or accept it with reservations (in this case, they propose some changes to the wording). The National Reviewer may need to repeat this step to reach a consensus several times in order for the Reference Group to accept all the formulations. However, in general, such subjective additions of information should be kept to a minimum.

The conducted survey should include the following components:

1. Asking respondents to identify themselves by verifying their first name, last name, and email address.
2. A list of full formulations of all commitments (together with indicators, targets, and the health system domain), followed by the question:
   Based on the national context and your vision of priorities, in your opinion, should this commitment be included in the analysis? Please rate the importance of monitoring this commitment: 1 – “not important”; 2 – “somewhat important”; 3 – “quite important”; 4 – “very important” (monitoring is required); 0 – “no opinion”/”can’t answer”.

   The analysis should definitely include commitments for which at least one “4” was received. Commitments for which other scores were obtained should be included if the average score is above “2”.
3. If the National Reviewer has filled in the gaps concerning certain commitments, this should be indicated in the question, and additional questions should also be included for these commitments:
   - *Do you accept the proposed wording? “Yes”/“No”*
   - *If no, what changes would you make to it? (free text response)*

Changes proposed by team members are reviewed by the National Reviewer. Based on the results of the assessment, he or she prepares 1–2 versions of the corrected wording and submits them for final approval by the Reference Group.

STEP 4. DATA COLLECTION AND ANALYSIS

STEP №	DESCRIPTION	ACTION	LOCATION
STEP 4	**Data collection and analysis of the results: entering and analyzing data on the fulfillment of commitments in the table.** For more details, see Methodological Guide, Part 2 Implementation Guidance, Step 4.	Return to the Commitment Matrix spreadsheet. Information from column B of the Prioritization spreadsheet is automatically transferred to column B of the Commitment Matrix page. Enter the **initial data** (columns H and I), **target data, and data on the implementation** of the priority commitments selected for analysis in the appropriate cells in the commitment table and indicate the data sources and methods used to assess the fulfillment. When calculating the **completion percentage** (column T "Commitment fulfillment rate"), use the formulas in the examples, depending on the type of indicator. After determining the completion percentage, enter the **final score for each commitment** in the appropriate column (U). Please note that the final score may differ from the completion percentage if the Reviewer and the NRG see reasons to change the final score. In the same place, on the basis of the arithmetic mean of the final scores of commitments, the cumulative final score for each programmatic area is calculated (column V). When writing down the final scores, use the color codes provided by the Guide to make the results more visible.	COMMITMENT MATRIX

Data collection is the most difficult and time-consuming part of the assessment. There is no one-size-fits-all data collection model, but the data collection process must be properly documented by the National Reviewer.

Possible data collection methods include:

- **Desk research:** a review of materials and data available in open sources (primarily on the internet). Ideally, if a country has adopted a transition plan, annual progress reports should be available. The country should publish annual reports on the implementation of the HIV program, including epidemiological indicators, activities carried out and results achieved, and the reports of the government (or its separate departments) on budget execution. Some research, such as the IBBS, may also be available.
- **Interviews:** conducting interviews with experts and representatives of the communities can also help the National Reviewer gather information.
- **Official information requests:** very often, the data is not publicly available. In such cases, it is recommended to request it from the relevant government departments and organizations: the Ministry of Health, the Ministry of Finance, the National Center for AIDS Control and Prevention, or the Country Coordinating Mechanism (CCM), which oversees interaction with the Global Fund and the implementation of programs funded by the GF.

A list of prioritized public commitments (including the information needed to monitor their implementation) provides excellent guidance on what information needs to be collected.

The collected information must be analyzed using the Tool in MS Excel based on the logical considerations described in the table below.

<table>
<tr><th>INDICATOR CLASSIFICATION</th><th>FORMULA</th><th colspan="2">EXAMPLE</th></tr>
<tr><td rowspan="4">CUMULATIVE</td><td rowspan="4">Achievements for all fiscal years are summed and divided by the sum of the targets for all fiscal years that are being assessed.</td><td colspan="2">Commitment: increase the coverage of PWID with HIV testing.
Indicator: Number of HIV tests conducted among PWID.</td></tr>
<tr><td>ACTUAL</td><td>PLANNED</td></tr>
<tr><td>2016: 5000
2017: 6000
2018: 7000
Sum: 18000</td><td>2016: 6000
2017: 7000
2018: 8000
Sum: 21000</td></tr>
<tr><td colspan="2">Formula: Actual/planned.
Result: 85.7%</td></tr>
<tr><td rowspan="4">LEVEL</td><td rowspan="4">The completion percentage for each year is divided by the next year’s target. The arithmetic mean value is calculated if there are no unquestionable outlier values. Outlier values need to be analyzed separately in a descriptive report.</td><td colspan="2">Commitment: increase the coverage of PWID with HIV testing.
Indicator: Percentage of PWID covered by HIV testing in a given year (of the estimated number of PWID in the country).</td></tr>
<tr><td>ACTUAL</td><td>PLANNED</td></tr>
<tr><td>2016: 30%
2017: 33%
2018: 35%</td><td>2016: 35%
2017: 40%
2018: 45%</td></tr>
<tr><td colspan="2">Formula: mean value (actual for the year “X” / planned for the year “X”).
Result: 81%.</td></tr>
<tr><td>DATE</td><td>Adoption of new legislation in 2018.</td><td colspan="2">Yes/No
If the legislation was adopted in 2018: 100%.
If the legislation was adopted in 2017: 100%.
If the legislation was adopted in 2019, but the delay did not cause significant harm, this can still be assessed as 100% compliance with the commitment; if the delay had a significant negative impact on the program implementation, the performance rate should be reduced. How much it should be reduced is decided by the National Reviewer in consultation with the Reference Group.</td></tr>
</table>

- It is necessary to analyze the fulfillment of commitments that must be met within the period analyzed.
- The fulfillment of the commitments, the deadline for which has not yet arrived in the period analyzed, is to be assessed for the progress towards the fulfillment within the established time frame. If target values are set for such commitments, they should be compared with the target values for the relevant year.

In the course of the assessment, the NR should look at each commitment separately and, for each of them, evaluate the progress towards meeting it (against the target values). The progress is measured as a percentage; the result obtained is called a **"performance indicator"**, and the interpretation of the results allows answering the question: "to what extent has the state fulfilled the "ABC" commitment?" The answer is: "by X%". In some cases, there may be no progress (value 0%), or there may be overfulfillment of the commitment (value > 100%).

The final score of the commitment fulfillment is usually the same as the *performance indicator,* but the National Reviewer may find it important to change the final performance indicator one way or the other, depending on the significance of the commitment to sustainability. Taking into account the purpose of the assessment – to analyze the implementation of the public commitments in the context of the transition to national funding of HIV programs for key populations – the most important (or having the most significance) are the commitments related to the "funding" and "management" domains, then "provision of medication and materials" and "service delivery", and then "human resources" and "data and information". Changing the commitment fulfillment score to reflect its significance for sustainability is possible but not required and is at the discretion of the National Reviewer and the Reference Group.

An example of changing the commitment fulfillment score: for the programmatic area "Prevention among 'XYZ'", the priorities for the analyses were the commitments related to the health domain "funding" (commitments No. 1 and 2) to the domain "human resources" (commitments No. 3, 4, and 5) and to the domain "data and information" (commitment No. 6). The percentage of fulfillment for commitment No. 1 is 30%, for commitment No. 2 is 10%, for commitment No. 3 is 95%, for commitment No. 4 is 70%, and for commitments No. 5–6 is 100%. Since there are two commitments in the "funding" domain, the arithmetic mean value of their fulfillment needs to be calculated based on the individual scores obtained. It will be (30+10) / 2=20%. Since the "human resources" domain includes three commitments, it is necessary to calculate the arithmetic mean value of their fulfillment based on the obtained individual estimates.

It will be (95+70+100) / 3=88%. Following the rules of arithmetic, the assessment of fulfillment of commitments for the programmatic area "Prevention among 'XYZ'" is the arithmetic average of the assessments for the domains within it: (20+88+100) / 3= 63% (where 3 is the number of domains within this programmatic area). But since the "human resources" and "data and information" domains have a lower significance for the purpose of our assessment, the NR may (but is not obliged if he or she does not consider it necessary) lower the score for these domains before calculating the final programmatic area's score. The amount of the reduction is at the discretion of the National Reviewer, who takes into account the contents of the specific commitments and the national context. Based on his or her expertise, in this example, the NR decides to lower the percentage of the fulfillment as

follows: for the domain “human resources” by 10 percentage points (p.p.) to 78%, and for the domain “ data and information” by 45 p.p. to 55%. Accordingly, in the calculation of the final assessment of progress for this programmatic area, the values already corrected by the Specialist are taken into account: (20+78+55) / 3 = **51%; 51%** is the final score of progress for the “XYZ” programmatic area, taking into consideration the significance of the commitments in terms of the assessment goals.

Once all commitments have been assessed, progress is reviewed on three dimensions: impact, performance by programmatic area, and performance by health system domain.

1. **Impact –** How has the epidemiological situation of HIV infection changed: has it improved, worsened, or stabilized (as a whole and for the key populations if the collected information allows us to perform such an analysis)?
2. **Fulfilment by programmatic areas taking into account health system domains –** What progress has been made in achieving sustainability in the transition to national funding for each programmatic area? Are there any performance bottlenecks (e.g., funding, management, or others) that need more advocacy? How does the progress compare across the programmatic areas?
3. **Fulfilment by health system domains –** Are there any cross-cutting challenges during the transition that require additional advocacy? For example, is there a problem in allocating a budget or making decisions about the approval of policies and regulations? Conducting such an analysis makes it possible to identify strengths and weaknesses in the implementation of public commitments that are common to various HIV programs for key populations.

The **Progress Scale** is used to visualize the results.

DEFINITION OF SUSTAINABILITY	DESCRIPTION	COMPLETION PERCENTAGE	COLOR CODE
SIGNIFICANT PROGRESS	Significant progress in meeting commitments compared to planned indicators and/or target values	85–100%	Green
SUBSTANTIAL PROGRESS	Substantial progress toward meeting commitments compared to planned indicators and/or target values	70–84%	Light green
AVERAGE PROGRESS	Average progress toward meeting commitments compared to planned indicators and/or target values	50–69%	Yellow
MODERATE PROGRESS	Moderate progress toward meeting commitments compared to planned indicators and/or target values	36–49%	Orange
INSIGNIFICANT PROGRESS	Insignificant progress toward meeting commitments compared to planned indicators and/or target values	25–35%	Dark orange
LOW PROGRESS	Low progress toward meeting commitments compared to planned indicators and/or target values	<25%	Red

STEP 5. REPORT AND COMMUNICATION

STEP №	DESCRIPTION	ACTION	LOCATION
STEP 5	**Summarizing the obtained results:** communication of the results through the preparation of a national report and visual materials for better presentation and easier perception. For more details, see Methodological Guide, Part 2 Implementation Guidance, Step 5.	Record the resulting final scores for the health system domains and each programmatic area in the spreadsheet "Total score". Please note that if one programmatic area has several commitments/indicators related to the same domain, then in the table "Total score", the arithmetic average of the final scores is entered. Visualize the results in the form of tables and diagrams and prepare the national report.	EXAMPLE OF THE RESULT

The results of the national assessment should be communicated in the form of a descriptive report, charts, and tables compiled based on the analysis carried out. A descriptive report should be prepared in accordance with the structure suggested in Annex 6. Charts and tables are recommended to be created based on the templates provided in the Tool in MS Excel.

ANNEX 1. IDENTIFICATION OF PROGRAMMATIC AREAS AND IMPACT INDICATORS

The national HIV response includes various activities/interventions. While they play an important role in addressing the HIV epidemic at the national level, meeting the commitments within the programmatic areas considered in this assessment in the context of the transition will ensure the sustainability of all essential services for key populations.

These programmatic areas include:

- HIV prevention programs for key populations (screening, distribution of supplies, education/information, psychosocial support, etc.), which are usually implemented by community-based organizations or civil society organizations. These programs often target the following key populations:
  - » People who use drugs (Prof_HIV_PWID),
  - » Men who have sex with men (Prof_HIV_MSM),
  - » Transgender people (Prof_HIV_TG),
  - » Sex workers (Prof_HIV_SW),
  - » People in the prison system (Prof_HIV_prisons),
  - » Other key populations, depending on the national context (Prof_HIV_others);
- Opioid agonist maintenance therapy (OAMT);
- HIV diagnostics and treatment, care and support (including palliative care) for people living with HIV or people with TB/HIV co-infection (Treatment);
- Community systems strengthening and advocacy (CSS/Advocacy);
- Human rights and overcoming legal barriers (HR).

Commitments related to the impact (influence) on the epidemic should be highlighted in a separate section on the “Commitment Matrix” tab of the tool (see Excel file).

Impact – the effectiveness of the HIV program – is measured against established targets that determine the impact on the epidemic. As recommended, the impact commitments should be the ones that are directly related to the main epidemiological indicators: prevalence and incidence among key populations and mortality from HIV/AIDS and related illnesses among key populations, as well as to the UNAIDS 95–95–95 Targets:

- By 2030, 95% of all people living with HIV will know their status;
- By 2030, 95% of all people diagnosed with HIV infection will receive stable antiretroviral therapy;
- By 2030, 95% of people on antiretroviral therapy will be virally suppressed.

ANNEX 2. HOW TO GROUP COMMITMENTS BY HEALTH SYSTEM DOMAINS

All commitments, except for those related to the impact, after grouping by the programmatic areas, are divided in accordance with the six health system domains within each program area.

Not all domains may be relevant for each programmatic area. For example, for the "Community systems strengthening and advocacy" area, the domain "Medication, Materials, and Equipment" may not be relevant. In addition, some commitments may relate to more than one domain (for example, allocating funding to strengthen the capacity of CSO staff can refer to "Funding" and "Human Resources"). In such cases, the National Reviewer should decide which domain to attribute the commitment to and then agree with the National Reference Group (so in the above case, it would be the "Human Resources" domain, as funding for training would not have an impact on the control of HIV if CSO staff are not actually trained). When making a decision, you need to rely on your own expertise, the following description of the domains of the health system, and, if possible, assess the impact of a specific commitment on the epidemic (as in the example above).

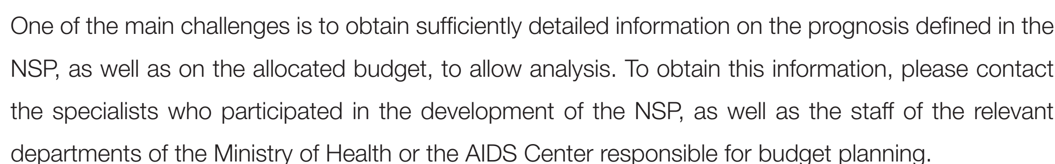
Below are the descriptions of the domains and some suggestions on how to group commitments according to these domains.

Domain 1 – Financing:

National government provision of replacement funding for all programmatic interventions as Global Fund support decreases. Funding for the HIV response should not be reduced (unless there has been a significant epidemiological change in the country that justifies such a reduction). In addition, when government funding begins, there may be an increase in the allocation of resources to certain interventions, but this should not be at the expense of a reduction in the allocation of resources to other interventions (unless such a reduction is justified).

An important aspect of domestic financing is its source: the national or regional budget. If health and social services are funded primarily from local budgets, HIV services should also be funded primarily from local budgets. If medical and social services are covered by an insurance fund, HIV services should also be covered in the same way.

Documents containing information on financial commitments include NSPs, as well as budgets and reports on the execution of budgets. The NSP is a document with a forecast of funding needs, and the budget is a commitment to allocate funds. The difference between the amount of funding described in the NSP and provided by the budget is usually called the deficit. As a rule, the budget is less than the forecasts defined in the NSP, but it can be the other way around (for example, due to changes in medication prices). The National Reviewer should try to answer the question of what causes such a difference.



One of the main challenges is to obtain sufficiently detailed information on the prognosis defined in the NSP, as well as on the allocated budget, to allow analysis. To obtain this information, please contact the specialists who participated in the development of the NSP, as well as the staff of the relevant departments of the Ministry of Health or the AIDS Center responsible for budget planning.

The budget execution report will show how much of the allocated budget was actually used in the relevant year. In the case of a large difference between the allocated and used funds, it is important to explain whether this may be a consequence of the fact that certain programs were not implemented (for example, if a budget was allocated for a social service procurement, but the tenders for placing such a procurement were not announced), or fewer medications/materials were purchased, or less funds were spent on staff benefits. The answers to these questions can provide very important information.

Domain 2 – Drugs, Supplies, and Equipment:

availability and access to drugs and consumables for the prevention, diagnostics, and treatment of HIV infection, as well as to opioid agonist maintenance therapy (OAMT). Uninterrupted supplies of medications and materials are essential for the prevention and treatment of HIV infection, as well as for OAMT. Supply disruptions are indicative not only of funding problems (which are reflected in Domain 1) but also problems related to the program management (timely planning and procurement to avoid running out of stocks), the existence of appropriate public procurement mechanisms to provide medications and materials to the HIV and OAMT programs, and regulatory and administrative problems (for example, with the registration of medications).

The lists of purchased medications and materials during the transition will be the same as in the Global Fund programs; however, as new drugs and materials appear, if they are proven effective, it can be stated that the government programs should take their own responsibility for their purchase.

Domain 3 – Service Provision:

availability of services and provider mix. The process of transition to national funding should not lead to the termination of the activities of service providers or changes in their mix unless there is a good reason for this. During the transition, the number of service delivery points, people on treatment (for example, oral substitution therapy), and non-state service providers should remain relatively stable.

In addition to HIV services, access to services that meet the needs of PLHIV and other key populations, such as psychological support and counseling, reproductive and sexual health services, social services, legal aid services, and others, is essential. These are important service package components.

Domain 4 – Governance:

enabling legal and human rights environment, as well as governance, planning, and administration.

The fulfillment of public commitments is determined by laws and regulations. Below are some considerations and questions to consider:

- In order to provide HIV prevention services to key populations, as well as to ensure the coverage of hard-to-reach groups, regulations on the allocation of state funding to non-state structures, such as civil society organizations (so-called "social procurement"), are important. Often, when government services are scarce or unavailable in a particular area, non-government service providers can offer significant assistance. Question: Can non-governmental organizations take part in competitions for state funding?
- Do the existence and content of guidelines and service delivery standards, including costing and budgeting standards, help or hinder service quality and access?
- Do service licensing/accreditation and quality control help or hinder service quality and access?
- Addressing the issue of access: laws and regulations that restrict the rights of people living with HIV and other key populations, thereby exacerbating inequalities and negatively impacting access to prevention, treatment, and care services.

Governance, planning, and administration are designed to increase the participation of civil society representatives, including key populations, in decision making. Program planning and administration include program management and capacity development systems and other related activities.

Domain 5 – Data and information systems:

access to information is essential for informed decision making. Does the country conduct surveys to assess behavioral risks? Are there studies on the size of certain population groups? Are epidemiological data available? Are reports on the implementation of national programs and strategies being published?

This area also includes the availability of management information systems: no country should use systems based on paper reports. At the same time, a large number of different solutions can be used for program management, including service information and administrative data that are difficult to navigate. Are such systems in place? Can they be used by service providers free of charge? Do such systems enable service providers and administrative departments of organizations to use data effectively? During the assessment, it is important to pay attention to these issues.

Domain 6 – Human resources:

the availability of adequately qualified human resources would guarantee the beneficiaries access to quality services. Activities under this domain may include measures to develop the capacity of human resources, as well as to stimulate staff recruitment (geographical distribution) and adequate payment.

ANNEX 3. ELEMENTS OF HEALTH SYSTEM DOMAINS, SOURCES OF INFORMATION FOR HIGHLIGHTING COMMITMENTS, AND COLLECTING DATA ON THEIR FULFILLMENT

The table presents some elements of the health system domains that may be useful in dividing commitments by domains, as well as possible sources of information for highlighting commitments and collecting data to assess progress toward their fulfillment.

HEALTH SYSTEM DOMAIN	ELEMENTS OF THE HEALTH SYSTEM DOMAIN *	POSSIBLE DATA SOURCES	KEY STAKEHOLDERS AND INFORMANTS
FINANCING	1) **Provision by the national government of replacement funding for the implementation of program interventions –** separately for each programmatic area, with a focus on key populations; 2) **Financial planning of the transition** – the allocation of a fixed amount from the public budget. What is the planned amount? How is the allocation of public funds documented? How can CSOs monitor the allocation of such funds? This includes the funds that the government has committed to allocate as part of the co-financing of the Global Fund programs, the public budget for the implementation of the NSP, and the amount that is planned to be allocated for social procurement; 3) Infrastructure or other capital factors required for the transition; 4) Efficiency and effectiveness expressed in unit costs, budget standards, etc.	Public budget; Global AIDS Response Progress Reporting (GARPR); State report "On the Sanitary and Epidemiological Well-Being of the Population"; National Investment Plan, Medium-Term Expenditure Framework (MTEF); Public information sources or data requests.	Ministry of Health; regional health authorities; AIDS Center; Parliament; SKK.
DRUGS, SUPPLIES, AND EQUIPMENT	1) **Availability and accessibility of medications and materials in the organizations working in the field of HIV/AIDS;** 2) **Availability and accessibility of materials for the prevention of HIV infection.**	Public budget; Global AIDS Response Progress Reporting (GARPR); Analysis of public procurement; Customer satisfaction surveys; Drug registration systems.	Ministry of Health; regional health authorities; AIDS Center; Parliament.
SERVICE PROVISION	1) **Availability of services and provider mix;** 2) **Availability of services in the regions;** 3) The number of contracts signed with CSOs and the amount of allocated funds; 4) **Services being shut down or problems associated with interruptions in their provision.**	Public budget; Report on the implementation of the state program; Information on the procurement of services/tendering.	Ministry of Health; regional health authorities; AIDS Center; Ministry of Finance.
GOVERNANCE, ENABLING LEGAL AND HUMAN RIGHTS ENVIRONMENT	1) **Regulatory, political, and legal environment** that facilitates the transition. What are the key enablers of transition (e.g., decriminalization of drug use), and what is their status? 1a. **Regulations on the allocation of public funding to non-state actors, such as CSOs, providing HIV services to key populations;** 2) **Availability and the content of recommendations and standards for the provision of HIV services to key populations;** 3) **Licensing/accreditation of HIV services targeted at key populations and regulation of their quality control;** 4) **Laws and regulations restricting the rights of people living with HIV and key populations;** 5) Possibilities **to involve communities in the process of policy formation and decision making.**	National strategic plan; Law on HIV/AIDS; National HIV Program; National Legislative Bulletin.	Ministry of Health; regional health authorities; AIDS Center; Parliament.
		National strategic plan; Law on HIV/AIDS; National HIV Program; reports on the meetings of the CCM.	MOH; AIDS Center; CCM.
DATA AND INFORMATION SYSTEMS	1) **National databases on HIV and their functions;** 2) **The existence and functioning of systems for data collection and surveillance** (e.g., population estimate and IBBS among key populations); 3) **Information systems for the provision of HIV services to key populations.**	Research reports; epidemiological data; budget execution reports; annual reports on the implementation of programs.	National AIDS Center; National Center for Disease Control; Ministry of Health; Ministry of Finance.
HUMAN RESOURCES	1) **Training and capacity-building activities** for community organizations, medical staff, and other stakeholders involved in the provision of HIV services to key populations; 2) Financial incentives and pay rates.	National Strategic Plan; Work plans of the Ministries of Health, Education, Labour, and Social Protection (or structures subordinate to them if the MoH is not responsible for the education of health workers); reports on the implementation of projects and programs; interviews with experts.	Ministry of Health and/or Ministry of Education, Ministry of Labour and Social Protection; National AIDS Center; civil society service organizations (CSOs); Principal Recipient; CCM.

* Priority elements in the context of the present assessment are highlighted.

ANNEX 4. HOW TO FORMULATE COMMITMENTS

Ideally, each public commitment should be formulated in the following way:

- Formulation/Statement of the Commitment – a precise definition of the action the government is committed to taking: increase or allocate funding, introduce an educational course, allocate premises, change the rule of law, reduce mortality, etc.
- Time frame: when the State is committed to taking these actions, with interim deadlines if such deadlines are available.
- Indicator: a suggested indicator to measure achievement of the commitment.
- Baselines: for actions such as "improve", "increase", "reduce", etc., baselines should be defined that would allow assessing the fulfillment of the commitment over a certain period of time. Actions such as "passing legislation" may not have baselines; it is assumed that prior to the commission of this action, the relevant legislative acts (or certain provisions within the framework of the relevant acts) were absent.
- Targets: all activities have specific targets. Some targets determine whether an action has been taken ("yes", "no", or "partly"), while for many actions, the targets can be staged (then, the action is set to gradually increase the target for each year).
- Verification methods (sources of information): indicate where and how information can be obtained for the relevant indicator.
- Assumptions: any assumptions noted in the document or used by the National Reviewer to fill in the missing information.

Very often, the content of the commitments is expressed not in something specific but as if focused on achieving some common good – for example, on "improving the quality of life of people living with HIV". In this form, it is difficult to monitor the commitment and track its implementation. If the document does not specify what the concept of "improving the quality of life" includes, then this should be reflected in the appropriate section of the report. In exceptional cases, where the National Reference Group determines that there is an urgent need to assess such a commitment, the NR should search for relevant missing data (e.g., the life expectancy of PLHIV, percentage of people who are virally suppressed, unemployment rates among PLHIV, etc.).

Below are examples of commitments and guidelines on how to work with these using the Assessment Tool:

- Increase funding for harm reduction services (or any other service): such a commitment should include a specific amount (or percentage increase) of additional funding and a time frame. The National Reviewer should find the documents that indicate the amount of additional funding that the state promises to allocate and the timing of its allocation. It may also be necessary to hold meetings with representatives of relevant government agencies to obtain their comments on issues related to the allocation of funding. If searches for documents and meetings with officials did not provide the required data, you can refer to the funding gap analysis submitted by the Principal Recipient to the Global Fund and try to relate these gaps to specific services (the principles of such distribution should be indicated in the narrative report). You can also refer to some studies of the amount of funding required to provide services (if such studies are available).
- Remove legal barriers for CSOs to access public funding: ideally, this commitment is accompanied by a list of regulations and changes to be made to documents, with appropriate time frames, so that the changes and the compliance with time frames could be subsequently monitored.

ANNEX 5. NATIONAL REVIEWER

The National Reviewer is the expert who has overall responsibility for planning and conducting the assessment and for preparing the report. Given the importance of this role, NR should have the following knowledge and experience:

- Understanding of the national system for the provision and financing of HIV services;
- Understanding of the health system domains;
- Knowledge of the key stakeholders to be interviewed, including state and community representatives and other experts, and knowledge of how to access them;
- Experience in conducting such assessments and evidence of commitment to applying evidence-based approaches;
- Possession of information and skills in working with epidemiological data;
- Fluency in English or Russian, as well as the state language of the country of assessment;
- Proven skills in conducting interviews, analyzing research literature, and writing reports;
- No significant conflict of interest with any of the parties involved. In the context of this assessment, there may be a significant conflict of interest among the heads/employees of organizations – Principal Recipients of Global Fund grants, governmental agencies responsible for the implementation and sustainability of HIV programs (Ministry of Health, National Center for AIDS Control and Prevention, etc.).

Key tasks to be conducted by the National Reviewer include:

- Formation of the National Reference Group (NRG, for details, see Step 1.B) and coordination of its activities;
- Informing a wide range of participants of the national HIV response – communities of key populations, civil society organizations, government organizations and institutions, the expert community, donor agencies, and international technical organizations – about the forthcoming assessment, its goals, and significance both for the state and for the communities of key populations. The purpose of informing is to generate interest in the upcoming assessment and readiness to provide the data required for its implementation. It is recommended to inform the stakeholders with the involvement and, if possible, the assistance of the Eurasian Harm Reduction Association, the Country Coordinating Mechanism, and the National Reference Group using existing information dissemination mechanisms (including official letters from EHRA and CCM, CCM mailing list, mailing lists of communities of key populations, specific events, etc.);
- Agreeing with the National Reference Group and the Country Coordinating Mechanism on the timing of the assessment, taking into account the potential value of its results for the preparation of CCM requests for funding to the Global Fund, the development or updating of national strategic, regulatory legal and policy documents on HIV infection, and for Country Reporting on HIV at UNAIDS (GARPR);
- Identification of data sources: identification and collection of policy and policy documents, including laws and regulations related to the process of transitioning HIV programs to national funding;
- Identification of commitments in data sources related to the transition to nationally funded HIV programs targeting key populations;
- Grouping commitments into programmatic areas and by health system domains within each programmatic area;

- Identification of gaps: some of the commitments that are key to tracking progress toward the transition may be missing from information sources to some extent; it is recommended to identify such gaps, propose options for filling them, and add those to the commitments already included in the documents;
- Organization of the process of prioritization of commitments, performed by the National Reference Group;
- Data collection through desk research and interviews with key informants (a list of informants is also compiled by the National Reviewer, with the involvement of the Reference Group and the Country Coordinating Mechanism, if necessary) to measure progress on the prioritized commitments and their corresponding indicators. When conducting desk research, NR should be requesting information from government agencies and institutions, including central and local executive and legislative bodies, and from civil society organizations, donors, and technical agencies, with the involvement (if necessary) of the Country Coordinating Mechanism and its Secretariat, and also the Eurasian Harm Reduction Association;
- Writing an analytical report with the results of the assessment and recommendations for key stakeholders (communities of key groups, government, and external donors);
- Approval of the report by the National Reference Group and the Eurasian Harm Reduction Association;
- Presentation of the final version of the report and the results of the assessment to a wide audience of participants of the national HIV response, communities of key populations, civil society organizations, governmental agencies and organizations, and representatives of external donor and international technical agencies. The presentation of the results is recommended to be done with the involvement and (if possible) the assistance of the Country Coordinating Mechanism and the National Reference Group, using existing information dissemination mechanisms (including the CCM mailing list, mailing lists of communities of key groups, profile events, etc.);
- Informing the CCM and EHRA about the progress of the assessment, intermediate and final results, and plans for the presentation of the report.

Documents to be prepared include:

- Archive and mapping of the documents related to the transition process *(documents containing commitments)* and including the commitments of the state in relation to the transition (planned or officially approved);
- Completed Tool for assessing the state compliance with HIV control among key populations (Excel file);
- Archive of collected documents – data sources;
- Analytical report.

ANNEX 6. SAMPLE OUTLINE OF A NATIONAL REPORT

Cover page – standard cover page for all country reports

- Suggested title: Country Name: Assessing Public Commitments to Ensure Sustainability of the HIV Response Among Key Populations in the Transition to National Funding;
- Year;
- Organization/author(s) and researcher(s).

Inner page

- Acknowledgments;
- Recommended citation;
- Contact information of the author (or main researcher) for information requests.

Contents

Acronyms and Abbreviations

Executive Summary (up to 3 pages)

- Context, purpose, and methodology used;
- Main outcomes of the public commitments to ensure the sustainability of HIV programs for key populations in the context of the transition to national funding: assessment by programmatic areas, by health system domains, and the Excel spreadsheet of the "Summary Assessment by Programmatic Area and Health System Domains" Tool;
- Conclusions and main recommendations.

Body of the report

1. Context (3–5 pages)[22]

- A very brief description of the national health system (how it is organized and financed);
- Epidemiology of HIV infection: prevalence and incidence, including among key populations, and estimation of the size of the key populations;
- Organization of HIV services for key populations: availability of services, service providers, and problems;
- Funding of HIV services, including the eligibility of the country for Global Fund support and transition to public funding from other donor support in the field of health/HIV.

2. Purpose and Methodology (up to 2 pages)

- Why this assessment is important and how it should be used;
- Brief overview of the methodology used:

  a) Reference to the Tool;

  b) A description of the country team – the National Reviewer and the National Reference Group – the names of NRG members, their places of work, and the health sectors (or CCMs) they represent;

  c) Approach to prioritizing commitments;

  d) Data collection methods;

  e) Limitations and challenges, including deviations from the original methodology, if any.

22 This section should reflect the identified aspects of the national context very concisely, without duplicating information available in other documents/sources. In the «References» section, it is recommended to include references to the documents/sources, where a reader of the report can find details on aspects of the context that are of interest to them.

3. Findings (15–20 pages)[23]

- A summary of the findings, including the "Summary Assessment by Programmatic Areas and Health System Domains" table from the Tool in MS Excel and the results for prioritized impact commitments with their list;
- A summary presentation of the commitment assessment results for each programmatic area, with summary charts and a breakdown by health system domains within each programmatic area. If the performance indicator differs from the arithmetically derived one – if it has been modified to reflect the value (significance) of the commitment to sustainability – this should also be reported, with a brief explanation of the adjustment. If, during the assessment, there were proposed additional commitments to those already assumed by the state, then they should be indicated in this section of the report as existing gaps in current commitments, with a brief justification;
- Very concise presentation of the assessment results by health system domains – with summary charts for each of them (generalized analysis across all programmatic areas, no analysis for each of them within the domain).

4. Conclusions and Recommendations (up to 5 pages)

- A final summary analysis of the tendencies in the state implementation of commitments to ensure the sustainability of HIV programs for key populations in the context of the transition to national funding and, if applicable, a description of the identified gaps in the government's approach to making commitments to ensure the sustainability of programs for key populations.

Recommendations:

a. For the communities of the key populations and civil society organizations on how to use the results of the assessment in their advocacy work with the government on the commitments that are a priority for the communities;
b. For the state on how to fill identified gaps in commitments and fulfill the commitments made;
c. For the Global Fund (and, if applicable, for other donors) on how to work with the government to ensure the sustainability of HIV programs for key populations in the transition to national funding and to support community advocacy for sustainability.

References

- There should be references to the data sources used in the assessment and writing of the report, including the informants who provided information for the assessment and agreed to be mentioned in the report.

Annexes

- A complete list of commitments indicating the priority ones selected for assessment, as well as their corresponding indicators and final assessments of implementation on priority commitments (spreadsheet "Commitment Matrix" from the Tool);
- Summary score by programmatic area and health system domain (spreadsheet from the Tool) and charts for each programmatic area and health system domain.

23 In writing this section of the report, the focus should be on points (a) and (b).

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